

B1 (Official Form 1)(1/08)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>				<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Chavis, Daniel A.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Chavis, Mary E.</b>												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-7865</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-1824</b>												
Street Address of Debtor (No. and Street, City, and State): <b>1001 North Street</b> <b>Thomson, IL</b> <div style="text-align: right; font-size: small;">ZIP Code <b>61285</b></div>			Street Address of Joint Debtor (No. and Street, City, and State): <b>1001 North Street</b> <b>Thomson, IL</b> <div style="text-align: right; font-size: small;">ZIP Code <b>61285</b></div>												
County of Residence or of the Principal Place of Business: <b>Carroll</b>			County of Residence or of the Principal Place of Business: <b>Carroll</b>												
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>												
Location of Principal Assets of Business Debtor (if different from street address above):															
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				<b>THIS SPACE IS FOR COURT USE ONLY</b>											
<b>Estimated Number of Creditors</b> <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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<b>Estimated Assets</b> <table style="width: 100%; font-size: small;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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<b>Estimated Liabilities</b> <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Chavis, Daniel A.</b> <b>Chavis, Mary E.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <b>/s/ Mark E. Zaleski</b>                      Signature of Attorney for Debtor(s)  <b>Mark E. Zaleski</b> </div> <div style="text-align: right;"> <b>August 11, 2009</b>                      (Date)                 </div> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="margin-left: 40px;">                 _____                  (Name of landlord that obtained judgment)             </div>  <div style="margin-left: 40px;">                 _____                  (Address of landlord)             </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Chavis, Daniel A.**

**Chavis, Mary E.**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Daniel A. Chavis**

Signature of Debtor **Daniel A. Chavis**

**X /s/ Mary E. Chavis**

Signature of Joint Debtor **Mary E. Chavis**

Telephone Number (If not represented by attorney)

**August 11, 2009**

Date

#### Signature of Attorney\*

**X /s/ Mark E. Zaleski**

Signature of Attorney for Debtor(s)

**Mark E. Zaleski**

Printed Name of Attorney for Debtor(s)

**Attorney Mark E. Zaleski**

Firm Name

**10 N. Galena Avenue  
Suite 220  
Freeport, IL 61032**

Address

**Email: attyzaleski@crjinc.com**

**815-233-0995 Fax: 815-232-3227**

Telephone Number

**August 11, 2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Daniel A. Chavis  
Mary E. Chavis**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Daniel A. Chavis  
Daniel A. Chavis

Date: August 11, 2009

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Daniel A. Chavis  
Mary E. Chavis**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

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☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Mary E. Chavis  
Mary E. Chavis

Date: August 11, 2009

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Daniel A. Chavis,**  
**Mary E. Chavis**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>7,100.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>17</b>		<b>61,600.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>3,017.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>2,875.00</b>
Total Number of Sheets of ALL Schedules		<b>28</b>			
Total Assets			<b>7,100.00</b>		
Total Liabilities				<b>61,600.00</b>	



**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Daniel A. Chavis,**  
**Mary E. Chavis**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>3,017.00</b>
Average Expenses (from Schedule J, Line 18)	<b>2,875.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>4,200.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>61,600.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>61,600.00</b>

B6A (Official Form 6A) (12/07)

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash from wages</b>	<b>J</b>	<b>150.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking account at Clinton National Bank</b>	<b>J</b>	<b>250.00</b>
		<b>Checking account at US Bank</b>	<b>J</b>	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with landlord</b>	<b>J</b>	<b>500.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Furniture, furnishings, appliances and misc. other items</b>	<b>J</b>	<b>2,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, pictures, videos, music cds and misc. other items</b>	<b>J</b>	<b>500.00</b>
6. Wearing apparel.		<b>Debtor's clothing</b>	<b>J</b>	<b>500.00</b>
7. Furs and jewelry.		<b>Rings, watches and misc. other items</b>	<b>J</b>	<b>250.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Golf set, misc. recreational items</b>	<b>J</b>	<b>200.00</b>
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term policy</b>	<b>H</b>	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **4,350.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401K plan through employment</b>	<b>H</b>	<b>Unknown</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 Chrysler Town and Country Van</b>	<b>J</b>	<b>1,500.00</b>
		<b>1994 Dodge Van</b>	<b>J</b>	<b>500.00</b>
		<b>1994 Ford Explorer Navaho</b>	<b>J</b>	<b>500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.		<b>Rabbits</b>	<b>J</b>	<b>0.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.		<b>Misc. household tool and implements</b>	<b>J</b>	<b>250.00</b>

Sub-Total > **2,750.00**  
(Total of this page)  
Total > **7,100.00**

Sheet 2 of 2 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Cash on Hand</u></b>			
Cash from wages	735 ILCS 5/12-1001(b)	150.00	150.00
<b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b>			
Checking account at Clinton National Bank	735 ILCS 5/12-1001(b)	250.00	250.00
<b><u>Household Goods and Furnishings</u></b>			
Furniture, furnishings, appliances and misc. other items	735 ILCS 5/12-1001(b)	2,000.00	2,000.00
<b><u>Books, Pictures and Other Art Objects; Collectibles</u></b>			
Books, pictures, videos, music cds and misc. other items	735 ILCS 5/12-1001(b)	500.00	500.00
<b><u>Wearing Apparel</u></b>			
Debtor's clothing	735 ILCS 5/12-1001(a)	500.00	500.00
<b><u>Furs and Jewelry</u></b>			
Rings, watches and misc. other items	735 ILCS 5/12-1001(b)	250.00	250.00
<b><u>Firearms and Sports, Photographic and Other Hobby Equipment</u></b>			
Golf set, misc. recreational items	735 ILCS 5/12-1001(b)	200.00	200.00
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
401K plan through employment	735 ILCS 5/12-1006	100%	Unknown
<b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b>			
1997 Chrysler Town and Country Van	735 ILCS 5/12-1001(c)	1,500.00	1,500.00
<b><u>Other Personal Property of Any Kind Not Already Listed</u></b>			
Misc. household tool and implements	735 ILCS 5/12-1001(b)	250.00	250.00

Total: **5,600.00** **5,600.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)						<b>0.00</b>	<b>0.00</b>

0 continuation sheets attached

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6F (Official Form 6F) (12/07)

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>K1903029681-KIDE</b>  <b>All Kids and Familycare PO Box 19121 Springfield, IL 62794-9121</b>	<b>J</b>	<b>Collection</b>				<b>200.00</b>
Account No. <b>00374174</b>  <b>Allied Collection Service, Inc. PO Box 670 Columbus, IN 47202-0670</b>	<b>J</b>	<b>Collection</b>				<b>900.00</b>
Account No. <b>WDA 4233991986</b>  <b>AMCA PO Box 1235 Elmsford, NY 10523-0935</b>	<b>J</b>	<b>Collection for Quest Diagnostics, Inc.</b>				<b>200.00</b>
Account No.  <b>Americredit Auto Loans C/O Atty Mitchell Kay POB 2374 Chicago, IL 60690</b>	<b>J</b>	<b>Repossessed auto</b>				<b>7,000.00</b>
Subtotal (Total of this page)						<b>8,300.00</b>

16 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>Unknown</b>	<b>J</b>	<b>Collection</b>				<b>200.00</b>
<b>Americredit Financial Services, Inc c/o Insurex of Texas, Inc. PO Box 79407 Houston, TX 77279-9407</b>						
Account No.	<b>J</b>	<b>Medical services</b>				<b>120.00</b>
<b>Anesthesia PC POB 2441 Davenport, IA 52809</b>						
Account No. <b>A123357</b>	<b>J</b>	<b>Collection for Auburn Dental Associates</b>				<b>300.00</b>
<b>Anthony Wayne Credit Adjusters PO Box 13549 Fort Wayne, IN 46869-3549</b>						
Account No.		<b>Auburn Family Dentistry 751 North Street Auburn, IN 46706-1633</b>				
<b>Representing: Anthony Wayne Credit Adjusters</b>						
Account No. <b>0636287860</b>	<b>J</b>	<b>Services rendered</b>				<b>50.00</b>
<b>AOL Member Services PO Box 30622 Tampa, FL 33630-0622</b>						
Sheet no. <u>1</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>670.00</b>
Subtotal (Total of this page)						<b>670.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	<b>Medical services</b>				
<b>Arnett Clinic POB 7200 Lafayette, IN 47903</b>						
						<b>350.00</b>
Account No.	J	<b>Medical services</b>				
<b>Auburn Family Dentistry 751 North Street Auburn, IN 46706</b>						
						<b>250.00</b>
Account No. <b>SP10724</b>	J	<b>Medical expenses</b>				
<b>Auburn Pediatrics 10211 Auburn Park Dr. Fort Wayne, IN 46825-2387</b>						
						<b>200.00</b>
Account No. <b>Various accounts</b>	J	<b>Medical expenses 108*172665.1 / 108*172078.1 / 108171867.1 / 108160029.1 / 108154312.1</b>				
<b>Auburn Radiology PC PO Box 2574 Fort Wayne, IN 46801-2574</b>						
						<b>800.00</b>
Account No.		<b>Snow &amp; Sauerteig LLP 203 E. Berry St., Suite 1310 Fort Wayne, IN 46802</b>				
<b>Representing: Auburn Radiology PC</b>						
Sheet no. <u>2</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,600.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.	J	Credit card purchases				200.00	
Bank One Card Member Services PO Box 15153 Wilmington, DE 19886-5153							
Account No.		Arrow Financial 5996 West Touhy Niles, IL 60714					
Representing: Bank One							
Account No.		Capital Management Services, Inc. 726 Exchange Street, Suite 700 Buffalo, NY 14210					
Representing: Bank One							
Account No. 8680481-275MO45	J	Mail orders				100.00	
BMG Music Customer Service Center PO Box 91501 Indianapolis, IN 46291-0009							
Account No. Unknown	J	Medical expenses				300.00	
Bridgeview Mental Health Center c/o Tri-State Adjustments PO Box 882 Freeport, IL 61032							
Sheet no. 3 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	600.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical services</b>				
<b>Carlton Sheets 7020 High Grove Blvd. Willowbrook, IL 60527</b>	<b>J</b>					<b>500.00</b>
Account No. <b>162-219-0211-34</b>		<b>Services rendered</b>				
<b>Cinergy / PSI PO Box 740263 Cincinnati, OH 45274-0263</b>	<b>J</b>					<b>200.00</b>
Account No. <b>Unknown</b>		<b>Services rendered</b>				
<b>Cingular Wireless PO BOX 6428 Carol Stream, IL 60197</b>	<b>J</b>					<b>1,000.00</b>
Account No.		<b>NCO Financial Systems PO Box 41457 Philadelphia, PA 19101-1457</b>				
<b>Representing: Cingular Wireless</b>						
Account No.		<b>Dental expenses</b>				
<b>Clinton Dental Associates, PC 314 3rd Avenue Clinton, IA 52732</b>	<b>J</b>					<b>500.00</b>
Sheet no. <b>4</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,200.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>Various accounts</b>	<b>J</b>		<b>Medical expenses</b>				<b>700.00</b>
<b>Clinton Emergency Room Assoc. PO Box 643440 Cincinnati, OH 45264-3440</b>							
Account No.			<b>Allied Business Accounts, Inc. 300 1/2 South Second Street PO Box 1600 Clinton, IA 52733-1600</b>				
<b>Representing: Clinton Emergency Room Assoc.</b>							
Account No.	<b>J</b>		<b>Materials</b>				<b>100.00</b>
<b>Crafters Choice Camp Hill Camp Hill, PA 17012</b>							
Account No. <b>371690</b>	<b>J</b>		<b>Medical expenses</b>				<b>500.00</b>
<b>Crawfordsville Emerg. Medicine c/o CCB Collection Specialists 119 S. Washington St. Crawfordsville, IN 47933</b>							
Account No. <b>14705</b>	<b>J</b>		<b>Medical expenses</b>				<b>500.00</b>
<b>Davenport Surgical Group 1228 E. Rusholme St., Suite 302 Davenport, IA 52806</b>							
Sheet no. <b>5</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>1,800.00</b>
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Representing: Davenport Surgical Group</b>			<b>H&amp;R Accounts, Inc. 7017 John Deere Parkway PO Box 672 Moline, IL 61265</b>				
Account No.  <b>David C. Beams, DDS, PC c/o Attorney Jack E. Roebel 912 S. Calhoun St. Fort Wayne, IN 46802</b>		<b>J</b>	<b>Collection</b>				<b>1,000.00</b>
Account No.  <b>Dean Cornell 5797 CR 427 Auburn, IN 46706</b>		<b>J</b>	<b>Rent</b>				<b>5,000.00</b>
Account No.  <b>Representing: Dean Cornell</b>			<b>Dean E. Cornell 6466 C.R. 427 Auburn, IN 46706</b>				
Account No. <b>9543</b>  <b>DeKalb Medical Services PO Box 623 Auburn, IN 46706-0623</b>		<b>J</b>	<b>Medical expenses</b>				<b>0.00</b>
Sheet no. <b>6</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>6,000.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. <b>02908</b>	<b>J</b>	<b>Medical expenses</b>				<b>100.00</b>	
<b>Eastside Family Medicine</b> <b>2056 LeBanon Rd.</b> <b>Crawfordsville, IN 47933</b>							
Account No. <b>12870 / 7772</b>	<b>J</b>	<b>Credit card purchases</b>				<b>700.00</b>	
<b>Emergency Physicians of Indiana</b> <b>PO Box 10202</b> <b>Fort Wayne, IN 46851-0202</b>							
Account No.		<b>Professional Recovery, Inc.</b> <b>PO Box 40134</b> <b>Fort Wayne, IN 46804-0134</b>					
<b>Representing:</b> <b>Emergency Physicians of Indiana</b>							
Account No.	<b>J</b>	<b>Credit card purchases</b>				<b>500.00</b>	
<b>First Premier Bank</b> <b>POB 5147</b> <b>Sioux Falls, SD 57117</b>							
Account No. <b>44880</b>	<b>J</b>	<b>Medical expenses</b>				<b>500.00</b>	
<b>Fort Wayne Orthopaedics LLC</b> <b>PO Box 2526</b> <b>Fort Wayne, IN 46801-2526</b>							
Sheet no. <u>7</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>1,800.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>07A231</b>	<b>J</b>	<b>Medical expenses</b>				<b>300.00</b>
<b>Fulton Fire Protection c/o Berks Credit &amp; Collections, Inc PO B0x 329 Temple, PA 19560-0329</b>						
Account No. <b>GMI 951438780</b>	<b>J</b>	<b>Medical expenses</b>				<b>200.00</b>
<b>Gateway Medical Imaging, P.C. PO Box 2660 Waterloo, IA 50704-2660</b>						
Account No.		<b>The CBE Group, Inc. Payment Processing Center PO Box 2337 Waterloo, IA 50704-2337</b>				
<b>Representing: Gateway Medical Imaging, P.C.</b>						
Account No. <b>Various accounts</b>	<b>J</b>	<b>Medical expenses</b>				<b>2,000.00</b>
<b>Genesis Medical Center Payment Processing PO Box 739 Moline, IL 61266-0739</b>						
Account No.		<b>H&amp;R Accounts, Inc. 7017 John Deere Parkway PO Box 672 Moline, IL 61265</b>				
<b>Representing: Genesis Medical Center</b>						
Sheet no. <u>8</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,500.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>Various accounts</b>	<b>J</b>	<b>Medical expenses</b>				<b>300.00</b>
<b>Health Care Billing Services, Inc. PO Box 4 Clinton, IA 52733-0004</b>						
Account No. <b>Unknown</b>	<b>J</b>	<b>Collection for DeKalb Memorial Hospital</b>				<b>7,000.00</b>
<b>Helvey &amp; Associates, Inc. 1015 E. Center Street Warsaw, IN 46580-3497</b>						
Account No.		<b>DeKalb Memorial Hospital PO Box 583 Auburn, IN 46706-0583</b>				
<b>Representing: Helvey &amp; Associates, Inc.</b>						
Account No. <b>Unknown</b>	<b>J</b>	<b>Collection for Making Crafts Making Money</b>				<b>100.00</b>
<b>House of White Birches PO Box 9001 Big Sandy, TX 75755</b>						
Account No. <b>94331</b>	<b>J</b>	<b>Collection for Arnett Clinic</b>				<b>400.00</b>
<b>Lafayette Accounts Service, Inc. PO Box 1068 Lafayette, IN 47902-1068</b>						
Sheet no. <u>9</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>7,800.00</b>
Subtotal (Total of this page)						<b>7,800.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>Unknown</b>	<b>J</b>	<b>Medical expenses</b>				<b>100.00</b>
<b>Land Eye Center c/o Allied Business Accounts PO Box 1600 Clinton, IA 52733-1600</b>						
Account No. <b>Unknown</b>	<b>J</b>	<b>Collection</b>				<b>400.00</b>
<b>Likes &amp; Kraus PO Box 960 Auburn, IN 46706</b>						
Account No.	<b>J</b>	<b>Medical services</b>				<b>600.00</b>
<b>Luthern Hospital of Indiana</b>						
Account No. <b>01-077044-8383880310041681-00</b>	<b>J</b>	<b>Services rendered</b>				<b>300.00</b>
<b>Mediacom 3900 26th Avenue Moline, IL 61265-4999</b>						
Account No. <b>Various accounts</b>	<b>J</b>	<b>Medical expenses</b>				<b>1,500.00</b>
<b>Medical Associates, PLC 915 - 13th Avenue North Clinton, IA 52732-5099</b>						
Sheet no. <u>10</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>2,900.00</b>
Subtotal (Total of this page)						<b>2,900.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>Representing: Medical Associates, PLC</b>		<b>Quad Corporation PO Box 2020 Davenport, IA 52809-2020</b>				
Account No. <b>009514387-8002</b> <b>Mercy Medical Center 1410 North Fourth Street Clinton, IA 52732-2940</b>	<b>J</b>	<b>Medical expenses</b>				<b>10,000.00</b>
Account No. <b>Representing: Mercy Medical Center</b>		<b>Allied Business Accounts, Inc. 300 1/2 South Second Street PO Box 1600 Clinton, IA 52733-1600</b>				
Account No. <b>Merrick Bank POB 5721 Hicksville, NY 11802</b>	<b>J</b>	<b>Loan</b>				<b>900.00</b>
Account No. <b>MDP7198335</b> <b>Metropolitan Medical Laboratory PO Box 128 Davenport, IA 52805-0128</b>	<b>J</b>	<b>Medical expenses</b>				<b>100.00</b>
Sheet no. <b>11</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page) 11,000.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Michael Hook Montgomery County Clerk's Office POB 768 Crawfordsville, IN 47933</b>		<b>J</b>				<b>1,500.00</b>
Account No.						
<b>Pain Consultants PO Box 310163 Des Moines, IA 50331-0163</b>		<b>J</b>				<b>600.00</b>
Account No. <b>106108</b>						
<b>Pinnacle Financial Group, Inc. 7825 Washington Ave., Suite 410 Minneapolis, MN 55439-2409</b>		<b>J</b>				<b>200.00</b>
Account No. <b>266080</b>						
<b>Preferred Anesthesia PO Box 10269 Fort Wayne, IN 46851-0269</b>		<b>J</b>				<b>800.00</b>
Account No.						
<b>Professional Recovery POB 10202 Fort Wayne, IN 46085</b>		<b>J</b>				<b>110.00</b>
Sheet no. <b>12</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,210.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Medical services</b>				
<b>Quest Diagnostics POB 64804 Baltimore, MD 21264</b>	<b>J</b>					<b>200.00</b>
Account No.		<b>Loan</b>				
<b>Quick Payday Loans 87 East 1400 North Logan, UT 84341</b>	<b>J</b>					<b>400.00</b>
Account No.		<b>loan</b>				
<b>Quik Pay Day.com</b>	<b>J</b>					<b>200.00</b>
Account No. <b>00038361579</b>		<b>Medical expenses</b>				
<b>Radiology Group PC SC 1970 E. 53rd Street Davenport, IA 52807-2710</b>	<b>J</b>					<b>100.00</b>
Account No. <b>Unknown</b>		<b>Medical expenses</b>				
<b>Randy Robinson c/o Allied Business Accountds PO Box 1600 Clinton, IA 52733-1600</b>	<b>J</b>					<b>200.00</b>
Sheet no. <b>13</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,100.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>18590</b>	<b>J</b>	<b>Medical expenses</b>				<b>100.00</b>
<b>Redimed DeKalb, LLC PO Box 8947 Fort Wayne, IN 46898-8947</b>						
Account No. <b>645800605</b>	<b>J</b>	<b>Mail Order for Crafters Choice</b>				<b>100.00</b>
<b>RMCB PO Box 1234 Elmsford, NY 10523</b>						
Account No. <b>Unknown</b>	<b>J</b>	<b>Collection</b>				<b>4,000.00</b>
<b>SAC Finance, Inc. c/o Thomas Law Firm 1710 N. Main St., Suite A Auburn, IN 46706</b>						
Account No.	<b>J</b>	<b>SAC Finance POB 50308 Fort Wayne, IN 46805</b>				
<b>Representing: SAC Finance, Inc.</b>						
Account No.	<b>J</b>					<b>620.00</b>
<b>Salute POB 790183 Saint Louis, MO 63179</b>						
Sheet no. <u>14</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>4,820.00</b>
Subtotal (Total of this page)						<b>4,820.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Collection</b>				
<b>South Montgomery Com School c/o Attorney David Peebles PO Box 686 Crawfordsville, IN 47933</b>	<b>J</b>					<b>500.00</b>
Account No. <b>Unknown</b>		<b>Collection</b>				
<b>St. Clare Medical Center c/o Mutual Hospital Services PO Box 19828 Indianapolis, IN 46219-0828</b>	<b>J</b>					<b>1,500.00</b>
Account No. <b>Unknown</b>		<b>Collection for Medical expenses</b>				
<b>The Lutheran Hospital of Indiana c/o Snow &amp; Sauerteig LLP 203 E. Berry St., Suite 1310 Fort Wayne, IN 46802</b>	<b>J</b>					<b>600.00</b>
Account No. <b>010062533</b>		<b>Collection</b>				
<b>The Professional Education Institut 63 Chigger Hollow Dr. Crawfordsville, IN 47933-9474</b>	<b>J</b>					<b>200.00</b>
Account No. <b>109921</b>		<b>Loan</b>				
<b>Tower Bank &amp; Trust Co. 116 E. Berry Street Fort Wayne, IN 46802</b>	<b>J</b>					<b>400.00</b>
Sheet no. <b>15</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,200.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Representing: Tower Bank &amp; Trust Co.</b>		<b>Tower Bank and Trust POB 11266 Fort Wayne, IN 46856</b>				
Account No. <b>00303699-53</b>  <b>Trackers, Inc. PO Box 1227 Bettendorf, IA 52722</b>	<b>J</b>	<b>Collection for Anesthesia &amp; Analgesia</b>				<b>200.00</b>
Account No.  <b>Tribute POB 790188 Saint Louis, MO 63179</b>	<b>J</b>	<b>Credit cards</b>				<b>700.00</b>
Account No.  <b>US Bank 405 S. 3rd St Clinton, IA 52732</b>	<b>J</b>	<b>Loan</b>				<b>1,100.00</b>
Account No. <b>15331</b>  <b>Women's Health Services 2635 Lincoln Way Suite A Clinton, IA 52732</b>	<b>J</b>	<b>Medical expenses</b>				<b>100.00</b>
Sheet no. <b>16</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page) 2,100.00</b>
(Report on Summary of Schedules)						<b>Total 61,600.00</b>

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

**Larry Head  
Commanche, IA**

**Residential apartment lease**

In re **Daniel A. Chavis,  
Mary E. Chavis**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **Daniel A. Chavis**  
**Mary E. Chavis**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:  <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Daughter</b> <b>Daughter</b> <b>Son</b>	AGE(S): <b>12</b> <b>14</b> <b>16</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Labor</b>	
Name of Employer	<b>MSI Fabrication &amp; Construction</b>	
How long employed	<b>2.5 years</b>	
Address of Employer	<b>Camanche, IA 52730</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>4,200.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

3. SUBTOTAL

\$ <b>4,200.00</b>	\$ <b>0.00</b>
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security  
b. Insurance  
c. Union dues  
d. Other (Specify): **401k plan**  
**Uniforms**

\$ <b>800.00</b>	\$ <b>0.00</b>
\$ <b>300.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>41.00</b>	\$ <b>0.00</b>
\$ <b>42.00</b>	\$ <b>0.00</b>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>1,183.00</b>	\$ <b>0.00</b>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>3,017.00</b>	\$ <b>0.00</b>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)  
8. Income from real property  
9. Interest and dividends  
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  
11. Social security or government assistance  
(Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

12. Pension or retirement income

13. Other monthly income

(Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>0.00</b>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>3,017.00</b>	\$ <b>0.00</b>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>3,017.00</b>	
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(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**None**

B6J (Official Form 6J) (12/07)

In re Daniel A. Chavis  
Mary E. Chavis Debtor(s) Case No. \_\_\_\_\_

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>500.00</b>
a. Are real estate taxes included? Yes <u>    </u> No <u><b>X</b></u>		
b. Is property insurance included? Yes <u>    </u> No <u><b>X</b></u>		
2. Utilities: a. Electricity and heating fuel	\$	<b>300.00</b>
b. Water and sewer	\$	<b>50.00</b>
c. Telephone	\$	<b>80.00</b>
d. Other <u><b>Cell phone</b></u>	\$	<b>115.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>0.00</b>
4. Food	\$	<b>850.00</b>
5. Clothing	\$	<b>175.00</b>
6. Laundry and dry cleaning	\$	<b>30.00</b>
7. Medical and dental expenses	\$	<b>150.00</b>
8. Transportation (not including car payments)	\$	<b>375.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>100.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>75.00</b>
e. Other <u>    </u>	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>    </u>	\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>0.00</b>
b. Other <u>    </u>	\$	<b>0.00</b>
c. Other <u>    </u>	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <u><b>Misc. school/activity fees</b></u>	\$	<b>75.00</b>
Other <u>    </u>	\$	<b>0.00</b>

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **2,875.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<b>3,017.00</b>
b. Average monthly expenses from Line 18 above	\$	<b>2,875.00</b>
c. Monthly net income (a. minus b.)	\$	<b>142.00</b>

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Daniel A. Chavis**  
**Mary E. Chavis**

Debtor(s)

Case No.

Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 11, 2009

Signature /s/ Daniel A. Chavis

**Daniel A. Chavis**

Debtor

Date August 11, 2009

Signature /s/ Mary E. Chavis

**Mary E. Chavis**

Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (12/07)

United States Bankruptcy Court  
Northern District of Illinois

In re **Daniel A. Chavis**  
**Mary E. Chavis**

Debtor(s)

Case No.  
Chapter

**7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$30,000.00</b>	<b>Husband approx gross YTD income</b>
<b>\$54,000.00</b>	<b>2008</b>
<b>\$49,000.00</b>	<b>2007</b>

## 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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## 3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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## 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
SAC Financing v. Daniel Chavis	Civil suit	Auburn Indiana	Judgment entered

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Attorney Mark E. Zaleski 10 North Galena Avenue Suite 220 Freeport, IL 61032		<b>\$601.00 for attorney fees</b> <b>\$299.00 for court filing fees</b> <b>\$100.00 for credit counseling fees</b>

# 10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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# 11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
US Bank	Within the past 12 months, Debtors have closed a checking account at the above bank	

# 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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# 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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# 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None

☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None

☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

None

☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

## 20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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## 21. Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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## 22. Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

## 23. Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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## 24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

## 25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------



**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **August 11, 2009**

Signature **/s/ Daniel A. Chavis**  
**Daniel A. Chavis**  
Debtor

Date **August 11, 2009**

Signature **/s/ Mary E. Chavis**  
**Mary E. Chavis**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Daniel A. Chavis**  
**Mary E. Chavis**

Debtor(s)

Case No.  
Chapter

7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>-NONE-</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>-NONE-</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date August 11, 2009

Signature /s/ Daniel A. Chavis  
**Daniel A. Chavis**  
Debtor

Date August 11, 2009

Signature /s/ Mary E. Chavis  
**Mary E. Chavis**  
Joint Debtor



Document Page 49 of 60  
**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Daniel A. Chavis**  
**Mary E. Chavis**

Debtor(s)

Case No.  
 Chapter

7

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<b>601.00</b>
Prior to the filing of this statement I have received.....	\$	<b>601.00</b>
Balance Due.....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 11, 2009

/s/ Mark E. Zaleski

**Mark E. Zaleski**  
**Attorney Mark E. Zaleski**  
**10 N. Galena Avenue**  
**Suite 220**  
**Freeport, IL 61032**  
**815-233-0995 Fax: 815-232-3227**  
**attyzaleski@crjinc.com**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Mark E. Zaleski**  
Printed Name of Attorney  
Address:  
**10 N. Galena Avenue**  
**Suite 220**  
**Freeport, IL 61032**  
**815-233-0995**  
**attyzaleski@crjinc.com**

X **/s/ Mark E. Zaleski** **August 11, 2009**  
Signature of Attorney Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Daniel A. Chavis**  
**Mary E. Chavis**  
Printed Name(s) of Debtor(s)

X **/s/ Daniel A. Chavis** **August 11, 2009**  
Signature of Debtor Date

Case No. (if known) \_\_\_\_\_

X **/s/ Mary E. Chavis** **August 11, 2009**  
Signature of Joint Debtor (if any) Date

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Daniel A. Chavis**  
**Mary E. Chavis** Debtor(s) Case No. \_\_\_\_\_  
Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **83**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 11, 2009**

**/s/ Daniel A. Chavis**  
**Daniel A. Chavis**  
Signature of Debtor

Date: **August 11, 2009**

**/s/ Mary E. Chavis**  
**Mary E. Chavis**  
Signature of Debtor

All Kids and Familycare  
PO Box 19121  
Springfield, IL 62794-9121

Allied Business Accounts, Inc.  
300 1/2 South Second Street  
PO Box 1600  
Clinton, IA 52733-1600

Allied Collection Service, Inc.  
PO Box 670  
Columbus, IN 47202-0670

AMCA  
PO Box 1235  
Elmsford, NY 10523-0935

Americredit Auto Loans  
C/O Atty Mitchell Kay  
POB 2374  
Chicago, IL 60690

Americredit Financial Services, Inc  
c/o Insurex of Texas, Inc.  
PO Box 79407  
Houston, TX 77279-9407

Anesthesia PC  
POB 2441  
Davenport, IA 52809

Anthony Wayne Credit Adjusters  
PO Box 13549  
Fort Wayne, IN 46869-3549

AOL  
Member Services  
PO Box 30622  
Tampa, FL 33630-0622

Arnett Clinic  
POB 7200  
Lafayette, IN 47903

Arrow Financial  
5996 West Touhy  
Niles, IL 60714

Auburn Family Dentistry  
751 North Street  
Auburn, IN 46706

Auburn Family Dentistry  
751 North Street  
Auburn, IN 46706-1633

Auburn Pediatrics  
10211 Auburn Park Dr.  
Fort Wayne, IN 46825-2387

Auburn Radiology PC  
PO Box 2574  
Fort Wayne, IN 46801-2574

Bank One  
Card Member Services  
PO Box 15153  
Wilmington, DE 19886-5153

BMG Music  
Customer Service Center  
PO Box 91501  
Indianapolis, IN 46291-0009

Bridgeview Mental Health Center  
c/o Tri-State Adjustments  
PO Box 882  
Freeport, IL 61032

Capital Management Services, Inc.  
726 Exchange Street, Suite 700  
Buffalo, NY 14210

Carlton Sheets  
7020 High Grove Blvd.  
Willowbrook, IL 60527

Cinergy / PSI  
PO Box 740263  
Cincinnati, OH 45274-0263

Cingular Wireless  
PO BOX 6428  
Carol Stream, IL 60197

Clinton Dental Associates, PC  
314 3rd Avenue  
Clinton, IA 52732

Clinton Emergency Room Assoc.  
PO Box 643440  
Cincinnati, OH 45264-3440

Crafters Choice  
Camp Hill  
Camp Hill, PA 17012

Crawfordsville Emerg. Medicine  
c/o CCB Collection Specialists  
119 S. Washington St.  
Crawfordsville, IN 47933

Davenport Surgical Group  
1228 E. Rusholme St., Suite 302  
Davenport, IA 52806

David C. Beams, DDS, PC  
c/o Attorney Jack E. Roebel  
912 S. Calhoun St.  
Fort Wayne, IN 46802

Dean Cornell  
5797 CR 427  
Auburn, IN 46706

Dean E. Cornell  
6466 C.R. 427  
Auburn, IN 46706

DeKalb Medical Services  
PO Box 623  
Auburn, IN 46706-0623

DeKalb Memorial Hospital  
PO Box 583  
Auburn, IN 46706-0583

Eastside Family Medicine  
2056 LeBanon Rd.  
Crawfordsville, IN 47933

Emergency Physicians of Indiana  
PO Box 10202  
Fort Wayne, IN 46851-0202

First Premier Bank  
POB 5147  
Sioux Falls, SD 57117

Fort Wayne Orthopaedics LLC  
PO Box 2526  
Fort Wayne, IN 46801-2526

Fulton Fire Protection  
c/o Berks Credit & Collections, Inc  
PO Box 329  
Temple, PA 19560-0329

Gateway Medical Imaging, P.C.  
PO Box 2660  
Waterloo, IA 50704-2660

Genesis Medical Center  
Payment Processing  
PO Box 739  
Moline, IL 61266-0739

H&R Accounts, Inc.  
7017 John Deere Parkway  
PO Box 672  
Moline, IL 61265

Health Care Billing Services, Inc.  
PO Box 4  
Clinton, IA 52733-0004



Helvey & Associates, Inc.  
1015 E. Center Street  
Warsaw, IN 46580-3497

House of White Birches  
PO Box 9001  
Big Sandy, TX 75755

Lafayette Accounts Service, Inc.  
PO Box 1068  
Lafayette, IN 47902-1068

Land Eye Center  
c/o Allied Business Accounts  
PO Box 1600  
Clinton, IA 52733-1600

Larry Head  
Commamche, IA

Likes & Kraus  
PO Box 960  
Auburn, IN 46706

Luthern Hospital of Indiana

Mediacom  
3900 26th Avenue  
Moline, IL 61265-4999

Medical Associates, PLC  
915 - 13th Avenue North  
Clinton, IA 52732-5099

Mercy Medical Center  
1410 North Fourth Street  
Clinton, IA 52732-2940

Merrick Bank  
POB 5721  
Hicksville, NY 11802

Metropolitan Medical Laboratory  
PO Box 128  
Davenport, IA 52805-0128

Michael Hook  
Montgomery County Clerk's Office  
POB 768  
Crawfordsville, IN 47933

NCO Financial Systems  
PO Box 41457  
Philadelphia, PA 19101-1457

Pain Consultants  
PO Box 310163  
Des Moines, IA 50331-0163

Pinnacle Financial Group, Inc.  
7825 Washington Ave., Suite 410  
Minneapolis, MN 55439-2409

Preferred Anesthesia  
PO Box 10269  
Fort Wayne, IN 46851-0269

Professional Recovery  
POB 10202  
Fort Wayne, IN 46085

Professional Recovery, Inc.  
PO Box 40134  
Fort Wayne, IN 46804-0134

Quad Corporation  
PO Box 2020  
Davenport, IA 52809-2020

Quest Diagnostics  
POB 64804  
Baltimore, MD 21264

Quick Payday Loans  
87 East 1400 North  
Logan, UT 84341

Quik Pay Day.com

Radiology Group PC SC  
1970 E. 53rd Street  
Davenport, IA 52807-2710

Randy Robinson  
c/o Allied Business Accountds  
PO Box 1600  
Clinton, IA 52733-1600

Redimed DeKalb, LLC  
PO Box 8947  
Fort Wayne, IN 46898-8947

RMCB  
PO Box 1234  
Elmsford, NY 10523

SAC Finance  
POB 50308  
Fort Wayne, IN 46805

SAC Finance, Inc.  
c/o Thomas Law Firm  
1710 N. Main St., Suite A  
Auburn, IN 46706

Salute  
POB 790183  
Saint Louis, MO 63179

Snow & Sauerteig LLP  
203 E. Berry St., Suite 1310  
Fort Wayne, IN 46802

South Montgomery Com School  
c/o Attorney David Peebles  
PO Box 686  
Crawfordsville, IN 47933

St. Clare Medical Center  
c/o Mutual Hospital Services  
PO Box 19828  
Indianapolis, IN 46219-0828

The CBE Group, Inc.  
Payment Processing Center  
PO Box 2337  
Waterloo, IA 50704-2337

The Lutheran Hospital of Indiana  
c/o Snow & Sauerteig LLP  
203 E. Berry St., Suite 1310  
Fort Wayne, IN 46802

The Professional Education Institut  
63 Chigger Hollow Dr.  
Crawfordsville, IN 47933-9474

Tower Bank & Trust Co.  
116 E. Berry Street  
Fort Wayne, IN 46802

Tower Bank and Trust  
POB 11266  
Fort Wayne, IN 46856

Trackers, Inc.  
PO Box 1227  
Bettendorf, IA 52722

Tribute  
POB 790188  
Saint Louis, MO 63179

US Bank  
405 S. 3rd St  
Clinton, IA 52732

Women's Health Services  
2635 Lincoln Way  
Suite A  
Clinton, IA 52732